

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 5: General Case Management	Effective Date: May 1, 2008
	Section 11: Mental Health Services	Version: 1

POLICY:	OLD POLICY: 303.91
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The Indiana Department of Child Services (DCS) will complete a mental health screen for every child under the supervision of DCS, regardless of age, within five (5) days of removal or opening a case with the family, whichever occurs first.

DCS will complete a mental health screen within two (2) weeks of a placement change, if the child is not currently receiving mental health services.

If indicated by the child's mental health screen, or if the child exhibits behaviors that would cause a reasonable person to believe he/she is a danger to him/herself and/or others; DCS will ensure that the child is referred for a comprehensive mental health assessment by a qualified mental health professional within 10 business days of the screen and will follow up to make sure the assessment has been completed within 30 days of the referral.

DCS will assure that all children supervised by DCS have access to necessary mental health care and treatment, if indicated by a comprehensive mental health assessment.

Code References

1. N/A

PROCEDURE

The Family Case Manager (FCM) will ensure that:

1. The child receives immediate care if he/she exhibits any behaviors that might indicate any serious emotional disturbances or if the child is endangering or threatening to endanger him/herself or others.
2. The mental health screen is completed in Indiana Child Welfare Information Services (ICWIS) within:
 - a. Five (5) days of removal or creation of an open case type, whichever occurs first, and
 - b. Two (2) weeks of a placement change, if the child is not currently receiving therapy, using the [Mental Health Screening Tool \(MHST\)](#)
3. A written referral for a comprehensive mental health assessment, using the Child and Adolescent Needs and Strengths (CANS) tool, is made within 10 business days of the screen if the screen indicates an assessment is needed and follow up to make sure the assessment has been completed within 30 days of the referral. See the following website for mental health providers in each county: <http://www.in.gov/apps/fssa/hap/>.

Note: A referral will be made for the child, and if applicable the parent/guardian/custodian.

4. Engage the parent/guardian/custodian and the Child and Family Team (CFT) as partners in the planning, development and decision-making of any recommended treatment (e.g., therapy, psychotropic medication, etc.) from a qualified mental health professional; unless, parental rights have been terminated or extenuating circumstances exist (e.g., parents cannot be located, child needs emergency mental health care, etc.).
5. The child has access to any needed services through referrals to appropriate, available community mental health services, including, but not limited to:
 - a. Wraparound services. See Related Information for further details,
 - b. Treatment by a therapist with training and experience specific to the child's and family's treatment needs,
 - c. Placement in a therapeutic resource home, and
 - d. Treatment in a residential treatment facility only as a last resort, if determined to be the most appropriate level of care by a qualified mental health professional.
6. Unless parental rights have been terminated or extenuating circumstances exist:
 - a. The child's parent/guardian/custodian is kept informed of the child's progress, and
 - b. The parent/guardian/custodian is informed prior to any major changes in the child's mental health treatment plan.
7. Children who screen negative (all answers on the MHST are "no") receive a follow-up screen within 30 days.

PRACTICE GUIDANCE

1. N/A

FORMS AND TOOLS

1. Mental Health Screening Tool (MHST) – Available in ICWIS

RELATED INFORMATION

Mental Health Screening Tool (MHST)

The MHST is a brief tool intended to be used primarily by nonmental health professionals to rapidly screen children and youth who are placed in out-of-home care or for whom a Child in Need in Services (CHINS) petition has been filed. The purpose of the tool is to identify which children/youth should be referred for a mental health assessment. Additionally, the instrument is designed to prioritize the urgency of the referral.

Wraparound Services

Wraparound services refers to an individualized process of community assistance to a child with serious emotional disturbances. Wraparound is a dynamic process with core elements, not a program or service. This process is based on individualized, strength based, needs-driven

planning and service delivery. Wraparound is not something that you "get", it's something you "do"; it's a process, not a program. These fundamental principles merge with a "never give up" philosophy that embodies an unconditional commitment to team development, family empowerment and outcome based interventions. It is essential that all services are developed cooperatively between community providers and are coordinated by the Child and Family Team.

Home and Community-Based Services (HCBS) Medicaid Waiver for Children with Serious Emotional Disturbances (SED)

HCBS Waivers allow children at risk of institutional placement to preserve their independence and ties to family and friends by remaining in their communities. Children who are Medicaid recipients and are eligible for placement in a state psychiatric hospital will be offered the choice of participation in the Waiver programming by their local community mental health center, if waiver services are available in their community. If a child, applying for SED waiver services is not a Medicaid recipient, a Medicaid application will be taken simultaneously by the community mental health center staff. For more information visit:

<http://www.in.gov/fssa/servicemental/hcbssed.htm>.

Hoosier Assurance Plan (HAP)

HAP is a program of the Indiana Family and Social Services Administration – Division of Mental Health and Addiction. HAP is the primary funding system used by the Division to pay for mental health and addiction services. The Division contracts with managed care providers who provide an array of care for individuals who meet diagnostic, functioning level and income criteria.

Persons who have either no insurance or limited coverage for mental health or addictions treatment may need to apply for HAP. HAP helps to fund these services for those who qualify. For more information, including a list of service providers use the following link:

<http://www.in.gov/fssa/shape/hap.html>.

Child and Adolescent Needs and Strengths Assessment (CANS)

The Child and Adolescent Needs and Strengths (CANS) assessment is a functional assessment that rates multiple domains: child's emotional and behavioral needs, functioning, risk behaviors and strengths and the caregiver needs and strengths. The CANS has been developed by John Lyons, PhD, in collaboration with several states' child service systems.

Using a common assessment tool across systems - mental health and addictions, child welfare, juvenile justice, Medicaid and education → recognizes that child behavioral health services are provided across all public child service systems. The CANS provides a common language, objective criteria to support decisions about intervention plans and intensity of services, monitors progress through outcome measures, and supports quality improvement initiatives. Information from the CANS will support decisions at multiple levels—direct services, supervision, program management, and system management. Indiana's CANS tools and supporting documents are posted at: <http://ibhas.in.gov/mainDocuments.aspx>.